PLEASE TY	PE OR PRINT	Entered prev	ious May Show
Ms. Mr. Arti Permanent Address Zip Temporary	Street Tel. (A)(NE #17	(Last Name Last) CLEVELAND
Studio AddressStreet			City
	Tel. ()	
Zip	Area Code		
If you do n	ot presently live in	one of the coun	ties of the
Western Re	serve, whi <mark>ch co</mark> unt	y were you born	in?
Collaborato	r(If Any)		

Special Instructions

Museum should dispose of.

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Museum should ship to artist C.O.D. at this address:

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information

DO NOT DETACH

REJECTED

REJECTED

DATE